



**MONTANA
TEACHERS' RETIREMENT SYSTEM**

1500 E 6TH AVE
PO BOX 200139
HELENA MT 59620-0139
406 444-3134

TRS Office Use Only

APPLICATION FOR ELECTRONIC DEPOSIT

READ INFORMATION ON REVERSE SIDE.

ALL REQUESTED INFORMATION MUST BE TYPED OR PRINTED LEGIBLY IN DARK INK.

BENEFIT RECIPIENT INFORMATION:

(Benefit Recipient's Printed Name)

____ - ____ - ____
(Social Security Number)

(Mailing Address – Including City, State & Zip+4 Code (If unknown, use 5-digit Zip Code))

(Area Code and Telephone Number)

Mailing Address Change:

☐ YES ☐ NO

AUTHORIZATION - I hereby authorize the Montana Teachers' Retirement System (TRS) to initiate electronic deposits of my monthly benefit into my account at the financial institution named below.

(Benefit Recipient's Signature)

(Date)

JOINT ACCOUNT HOLDER'S INFORMATION:

(Joint Bank Account Holder's Name)

(Area Code and Telephone Number)

(Joint Bank Account Holder's Mailing Address – Including City, State & Zip+4 Code (If unknown, use 5-digit Zip Code))

FINANCIAL INSTITUTION INFORMATION: (THE TRS CANNOT MAKE ELECTRONIC DEPOSITS TO BANKS OUTSIDE OF THE U.S.)

(Financial Institution's Name)

(Area Code and Telephone Number)

(Financial Institution's Mailing Address – Including City, State & Zip+4 Code (If unknown, use 5-digit Zip Code))

Please check only one account type: ☐ Checking ☐ Savings

If you checked savings account, you must provide the following information:

(Financial Institution's Transit Routing Number – 9-Digit #)

(Benefit Recipient's Savings Account Number)

**IF YOU INDICATED A 'CHECKING ACCOUNT'
THIS FORM IS INVALID UNLESS
A VOIDED PERSONAL
CHECK IS ATTACHED WITH
CLEAR TAPE ONLY.**

IN ACCORDANCE WITH THE AMERICANS WITH DISABILITIES ACT OF 1992,
ALTERNATIVE ACCESSIBLE FORMATS OF THIS DOCUMENT WILL BE PROVIDED UPON REQUEST.

APPLICATION FOR ELECTRONIC DEPOSIT INFORMATION

The Montana Teachers' Retirement Systems (TRS) is pleased to be able to offer you the convenience of electronically depositing your monthly benefit. Monthly benefits are MAILED on the last business day of each month. Utilizing the electronic deposit option, your benefit will be electronically deposited into your bank account and posted on the last business day of each month.

All requested information on the front of this form must be completed in order for the TRS to initiate an electronic deposit on your behalf.

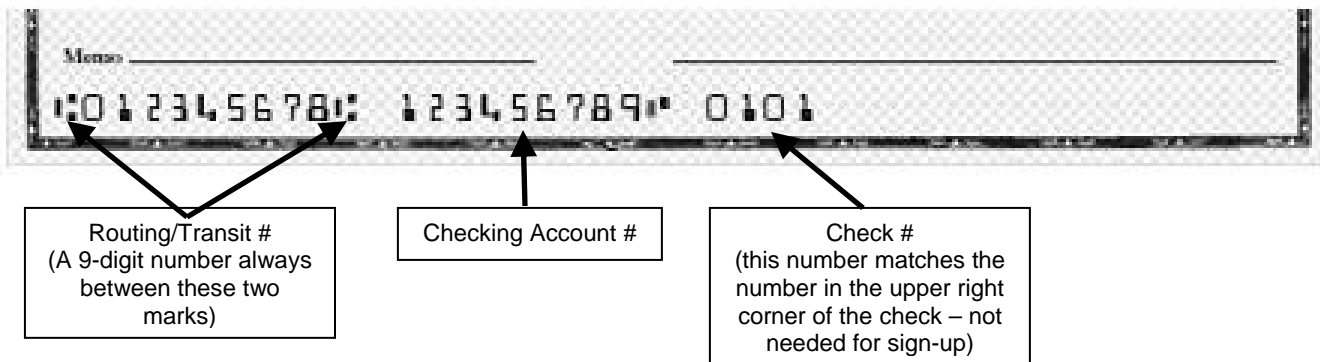
DO NOT CLOSE YOUR OLD ACCOUNT UNTIL YOUR FIRST PAYMENT HAS BEEN DEPOSITED INTO YOUR NEW ACCOUNT.

ROUTING NUMBER:

Your financial institution's routing number is printed in the bottom left hand portion of your personal checks (the first nine digits).

ACCOUNT NUMBER

Your account number is printed on the bottom of your checks following the routing number. It may be the series of numbers followed by your check number, or it may be the series of numbers after your check number. NOTE: The check number is not part of the account number. **You must tape a voided personal check to the front of this form to verify your routing/ transit number and checking or savings account number.**



Your first payment will be deposited into your account within 60 days after this authorization is received by the TRS. This includes a transfer from one financial institution to a new financial institution, or a change in account number.

The first month your benefit is electronically deposited, a check stub will be mailed to your home mailing address on file with the TRS. Following your initial electronic deposit, check stubs will **only** be mailed to you when your net monthly deposit amount changes.

SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS

Joint account holders should immediately advise both the TRS and the financial institution of the death of the benefit recipient. Funds deposited after the date of death or eligibility must be returned to the TRS. A determination regarding any death benefits payable will be made by the TRS.

CHANGING ACCOUNTS AND/OR FINANCIAL INSTITUTIONS

In order to implement a change in electronic deposit, a new form must be completed, or adequate written documentation must be submitted to the TRS to affect a change. A new Application For Electronic Deposit form can be obtained by contacting the TRS at **406 444-2441**, **406 444-3185**, or by visiting the TRS website at <http://www.trs.mt.gov>.

CANCELLATION

Your electronic deposit will continue to be deposited into your designated bank account until you notify the TRS, in writing, that you wish to change your account and/or financial institution, or upon the notification of your death.